iarid-terojirandiniiiar Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 APR 2 5 2005 (703) 746-4000 or <u>Fax</u> STRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 04/13/2005 26252 KELLY BAUERSFELD LOWRY & KELLEY, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 6320 CANOGA AVENUE **SUITE 1650** WOODLAND HILLS, CA 91367 04/26/2005 DEMMANU2 00000103 10713913 (Depositor's name Scort W. Kellev (Signature Q 1400.00 OP 01 FC:1501 02 FC:1504 300.00 OP April 21, (Date 2005 03 FC:8001 30.00 OP APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/713,913 07/01/2003 Michael L. Beigel PREDYN-43968 3650 TITLE OF INVENTION: RECTIFYING CHARGE STORAGE DEVICE WITH SENSOR APPLN. TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$1000 / 700 YES -5700-1400 nonprovisional \$300 07/13/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS ZWEIZIG, JEFFERY SHAWN 2816 327-509000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list KELLY LOWRY & KELLEY LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Precision Dynamics Corporation San Fernando, California Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎦 Corporation or other private group entity 🖵 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XX Issue Fee XX A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this form). Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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